

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10584438

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
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15	1	14				
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21		20				
22		21				
23		22				
24		23				
25	1	24	1			
26		25		1		
27	1	26	1	1		
28		27		2		
29		28		3		
30	1	29	1	4		
31		30		5		
32		31		6		
33		32		7		
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36		35		10		
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40		39		14		
41		40		15		
42		41		16		
43		42		17		
44		43		18		
45		44		19		
46		45		20		
47		46		21		
48		47		22		
49		48		23		
50		49		24		
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.	←		26	←		←
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						